

# CORRECTED FINANCIAL STATEMENT AND GOOD-FAITH AFFIDAVIT

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

|   |                       |
|---|-----------------------|
| Filer Name (First, MI, Last)<br>The Honorable John N. Raney | Account #<br>00067602 |
|---|-----------------------|

|   |
|---|
| Address (P.O. Box or Street Address, Apt. or Suite #)<br>[REDACTED] |
|---|

(CHECK IF FILER'S HOME ADDRESS)

|                                       |
|---------------------------------------|
| (City, State, Zip Code)<br>[REDACTED] |
|---------------------------------------|

|                 |                      |
|-----------------|----------------------|
| OFFICE USE ONLY |                      |
| Date Received   | ELECTRONICALLY FILED |
| 04/29/2019      |                      |
| Receipt #       |                      |
| HD / PM         | Amount               |
| Date Processed  |                      |
| Date Imaged     |                      |

The correction(s) filed with this affidavit apply to my financial statement due in 2019.

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 2015 covers information for calendar year 2014.)

|   |
|---|
| Explanation of Correction<br>Needed to change information regarding real property interests to reflect correct persons and to change business liability to reflect the correct lending institution. |
|---|

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the reports originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

The Honorable John N. Raney

Signature of Filer

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**PERSONAL FINANCIAL STATEMENT****FORM PFS  
COVER SHEET  
PAGE 1**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2019, covering calendar year ending December 31, 2018.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #  
16ACCOUNT #  
00067602

|  |  |   |  |
|--|--|---|--|
| 1 NAME<br><br>The Honorable John N.<br><br>NICKNAME; LAST; SUFFIX<br>Raney   |  | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>04/29/2019 |  |
| 2 ADDRESS<br><br>[REDACTED]<br><br>[REDACTED]  |  | Receipt #<br><br>HD / PM Amount   |  |
| 3 TELEPHONE NUMBER<br><br>[REDACTED]   |  | Date Processed<br><br>Date Imaged   |  |
| 4 REASON FOR FILING STATEMENT<br><br><input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)<br><input checked="" type="checkbox"/> ELECTED OFFICER State Representative, District 14 (INDICATE OFFICE)<br><input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY)<br><input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY)<br><input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT<br><input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY)<br><input type="checkbox"/> OTHER _____ (INDICATE POSITION) |  |   |  |

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Elizabeth Raney

DEPENDENT CHILD 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

# SOURCES OF OCCUPATIONAL INCOME

## PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|  |  |
|--|--|
| <b>1 INFORMATION RELATES TO</b>  | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |
| <b>2 EMPLOYMENT</b><br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | <p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br/> <input type="checkbox"/> (Check if Filer's Home Address)<br/> EMPLOYER</p> <p>The Nathan Company dba Texas Aggieland Bookstore<br/> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br/> 327 University Drive</p> <p>College Station, TX 77840<br/> POSITION HELD<br/> President</p> |
| <input type="checkbox"/> SELF-EMPLOYED   | NATURE OF OCCUPATION   |
| <b>INFORMATION RELATES TO</b>  | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |
| <b>EMPLOYMENT</b><br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER   | <p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br/> <input type="checkbox"/> (Check if Filer's Home Address)<br/> EMPLOYER</p> <p>State of Texas - House of Representatives<br/> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br/> 105 West 15th Street</p> <p>Austin, TX 78701<br/> POSITION HELD<br/> State Representative</p>      |
| <input type="checkbox"/> SELF-EMPLOYED   | NATURE OF OCCUPATION   |
| <b>INFORMATION RELATES TO</b>  | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |
| <b>EMPLOYMENT</b><br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER   | <p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br/> <input type="checkbox"/> (Check if Filer's Home Address)<br/> EMPLOYER</p> <p>The Nathan Company dba Texas Aggieland Bookstore<br/> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br/> 327 University Drive</p> <p>College Station, TX 77840<br/> POSITION HELD<br/> Secretary</p> |
| <input type="checkbox"/> SELF-EMPLOYED   | NATURE OF OCCUPATION   |

**STOCK****PART 2**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                                    |   |  |  |  |
|------------------------------------|---|--|--|--|
| <b>1 BUSINESS ENTITY</b>           | NAME  |  |  |  |
|                                    | Citigroup, Inc.                                   |  |  |  |
| <b>2 STOCK HELD OR ACQUIRED BY</b> | <input checked="" type="checkbox"/> FILER         | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD   | _____  |
| <b>3 NUMBER OF SHARES</b>          | <input checked="" type="checkbox"/> LESS THAN 100 | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999        | <input type="checkbox"/> 1,000 TO 4,999      |
|                                    | <input type="checkbox"/> LESS THAN 10K            | <input type="checkbox"/> 10,000 OR MORE    |  |  |
| <b>4 IF SOLD</b>                   | <input type="checkbox"/> NET GAIN                 | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 |
|                                    | <input type="checkbox"/> NET LOSS                 |  |  | <input type="checkbox"/> \$25,000--OR MORE   |

# INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

**PART 5**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |  |  |  |
|---|--|--|--|--|
| <b>1 SOURCE OF INCOME</b><br><input type="checkbox"/> Publicly held corporation | <b>NAME AND ADDRESS</b><br>Century 21 Beal (property manager for duplex)<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>2009/2011 Colgate<br><br>College Station, TX 77845 |  |  |  |
| <b>2 RECEIVED BY</b>  | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |  |  |  |
| <b>3 AMOUNT</b>   | <input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE   |  |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>SOURCE OF INCOME</b><br><input type="checkbox"/> Publicly held corporation | <b>NAME AND ADDRESS</b><br>Sungram Kim<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>113/115 College Main<br><br>College Station, TX 77840                              |  |  |  |
| <b>RECEIVED BY</b>  | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |  |  |  |
| <b>AMOUNT</b>   | <input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |  |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>SOURCE OF INCOME</b><br><input type="checkbox"/> Publicly held corporation | <b>NAME AND ADDRESS</b><br>Wells Fargo Bank<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>321 University Drive<br><br>College Station, TX 77840                         |  |  |  |
| <b>RECEIVED BY</b>  | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |  |  |  |
| <b>AMOUNT</b>   | <input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |  |  |  |

|   |   |  |  |  |
|---|---|--|--|--|
| <b>SOURCE OF INCOME</b><br><input type="checkbox"/> Publicly held corporation | <b>NAME AND ADDRESS</b><br>Century 21 Beal (property manager for duplex)<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>906 A&B Camellia Court<br><br>College Station, TX 77840 |  |  |  |
| <b>RECEIVED BY</b>  | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |  |  |  |
| <b>AMOUNT</b>   | <input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE        |  |  |  |

# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |   |   |  |
|---|--|---|---|--|
| 1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | Wells Fargo Bank                           |   |   |  |
| 2 LIABILITY OF  | <input checked="" type="checkbox"/> FILER  | <input checked="" type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____          |  |
| 3 GUARANTOR   | NONE                                       |   |   |  |
| 4 AMOUNT  | <input type="checkbox"/> \$1,000 - \$4,999 | <input checked="" type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999            | <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT   | US Bank                                    |   |   |  |
| LIABILITY OF  | <input checked="" type="checkbox"/> FILER  | <input checked="" type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____          |  |
| GUARANTOR   | NONE                                       |   |   |  |
| AMOUNT  | <input type="checkbox"/> \$1,000 - \$4,999 | <input type="checkbox"/> \$5,000 - \$9,999            | <input checked="" type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

# INTERESTS IN REAL PROPERTY

## PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1 HELD OR ACQUIRED BY   |  | <input checked="" type="checkbox"/> FILER   | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| 2 STREET ADDRESS<br><br><input type="checkbox"/> NOT AVAILABLE<br><input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS |  | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><br>[REDACTED]                                     |  |  |  |
| 3 DESCRIPTION<br><br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     |  | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><br>1.00000 lots<br>Brazos                  |  |  |  |
| 4 NAMES OF PERSONS RETAINING AN INTEREST<br><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)                  |  | PennyMac  |  |  |  |
| 5 IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   |  | <input type="checkbox"/> LESS THAN \$5,000  | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY   |  | <input checked="" type="checkbox"/> FILER   | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| STREET ADDRESS<br><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS              |  | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><br>412 Tarrow St<br><br>College Station, TX 77840 |  |  |  |
| DESCRIPTION<br><br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                       |  | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><br>1.00000 lots<br>Brazos                  |  |  |  |
| NAMES OF PERSONS RETAINING AN INTEREST<br><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)                    |  | Frye, Joe & Katie   |  |  |  |
| IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   |  | <input type="checkbox"/> LESS THAN \$5,000  | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

# INTERESTS IN REAL PROPERTY

## PART 7A

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|   |  |   |  |  |  |  |
|---|--|---|--|--|--|--|
| <b>1 HELD OR ACQUIRED BY</b>                    |  | <input checked="" type="checkbox"/> FILER   | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |  |  |
| <b>2 STREET ADDRESS</b>                         |  | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br>2009/2011 Colgate<br><br>College Station, TX 77840     |  |  |  |  |
| <b>3 DESCRIPTION</b>                            |  | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br>1.00000 lots<br>Brazos                          |  |  |  |  |
| <b>4 NAMES OF PERSONS RETAINING AN INTEREST</b> |  | <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)                               |  |  |  |  |
| <b>5 IF SOLD</b>                                |  | <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                      | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |
| <b>HELD OR ACQUIRED BY</b>                      |  | <input checked="" type="checkbox"/> FILER   | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |  |  |
| <b>STREET ADDRESS</b>                           |  | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE   |  |  |  |  |
|   |  | <input checked="" type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS |  |  |  |  |
| <b>DESCRIPTION</b>                              |  | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br>35.00000 acres<br>Madison                       |  |  |  |  |
| <b>NAMES OF PERSONS RETAINING AN INTEREST</b>   |  | <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)                               |  |  |  |  |
| <b>IF SOLD</b>                                  |  | <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                      | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

# INTERESTS IN REAL PROPERTY

## PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |  |  |  |   |
|---|--|--|--|--|---|
| 1 HELD OR ACQUIRED BY   |  | <input checked="" type="checkbox"/> FILER  | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |   |
| 2 STREET ADDRESS<br><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS      |  | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><br>906 A&B Camellia Court<br><br>College Station, TX 77840 |  |  |   |
| 3 DESCRIPTION<br><br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                               |  | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><br>1.00000 lots<br><br>Brazos                       |  |  |   |
| 4 NAMES OF PERSONS RETAINING AN INTEREST<br><br><input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST) |  |  |  |  |   |
| 5 IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                       |  | <input type="checkbox"/> LESS THAN \$5,000   | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE            |
| HELD OR ACQUIRED BY   |  | <input checked="" type="checkbox"/> FILER  | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |   |
| STREET ADDRESS<br><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS        |  | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><br>113/115 College Main<br><br>College Station, TX 77840   |  |  |   |
| DESCRIPTION<br><br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                 |  | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><br>2.00000 lots<br><br>Brazos                       |  |  |   |
| NAMES OF PERSONS RETAINING AN INTEREST<br><br><input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)   |  |  |  |  |   |
| IF SOLD<br><br><input checked="" type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                              |  | <input type="checkbox"/> LESS THAN \$5,000   | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999   | <input checked="" type="checkbox"/> \$25,000--OR MORE |

# OWNERSHIP OF BUSINESS ASSOCIATIONS

## PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                                 |   |   |   |
|---------------------------------|---|---|---|
| 1 BUSINESS ASSOCIATION          | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)<br>The Nathan Company DBA Texas Aggieland Bookstore<br>327 University Drive<br>College Station, TX 77840 |   |   |
| 2 DESCRIPTION                   |   |   |   |
| 3 BUSINESS TYPE                 | <input type="checkbox"/> Corporation<br><input type="checkbox"/> Firm<br><input type="checkbox"/> Partnership   | <input type="checkbox"/> Limited Partnership<br><input type="checkbox"/> Limited Liability Partnership<br><input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Profesional Association<br><input type="checkbox"/> Joint Venture<br><input checked="" type="checkbox"/> Other _____ |
| 4 HELD, ACQUIRED,<br>OR SOLD BY | <input checked="" type="checkbox"/> FILER   | <input checked="" type="checkbox"/> SPOUSE  | <input type="checkbox"/> DEPENDENT CHILD _____  |

# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                              |   |  |  |
|------------------------------|---|--|--|
| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)<br>The Nathan Company DBA Texas Aggieland Bookstore<br>327 University Drive<br><br>College Station, TX 77840 |  |  |
| 2 BUSINESS TYPE              | Other Business Association  |  |  |
| 3 HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER   | <input checked="" type="checkbox"/> SPOUSE   | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 4 ASSETS                     | DESCRIPTION<br>Inventory, Furniture, Fixtures, Equipment  | CATEGORY<br><br><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999<br><input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000 OR MORE |  |

# LIABILITIES OF BUSINESS ASSOCIATIONS

## PART 11C

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                              |   |   |  |
|------------------------------|---|---|--|
| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)<br>The Nathan Company DBA Texas Aggieland Bookstore<br>327 University Drive<br>College Station, TX 77840 |   |  |
| 2 BUSINESS TYPE              | Other Business Association  |   |  |
| 3 HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER   | <input checked="" type="checkbox"/> SPOUSE  | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 4 LIABILITIES                | DESCRIPTION<br>Note on the business from Wells Fargo  | CATEGORY<br><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999<br><input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |  |

# BOARDS AND EXECUTIVE POSITIONS

## PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                    |  |  |  |
|--------------------|--|--|--|
| 1 ORGANIZATION     | The Nathan Company dba Texas Aggieland Bookstore |  |  |
| 2 POSITION HELD    | President  |  |  |
| 3 POSITION HELD BY | <input checked="" type="checkbox"/> FILER        | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION       | The Nathan Company dba Texas Aggieland Bookstore |  |  |
| POSITION HELD      | Secretary  |  |  |
| POSITION HELD BY   | <input type="checkbox"/> FILER                   | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |

# PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS

COVER SHEET

PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. **If you place a check in a box, do NOT include pages for that Part in the report.**

## 6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018 , and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable John N. Raney

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Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

---

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

## TEXT ANNOTATION

Sch: 1/1 Rpt: 16/16

| FILER NAME<br>Raney, John N. (The Honorable) | Filer ID (Ethics Commission Filers)<br>00067602 |                   |
|--|---|-------------------|
| Schedule<br>Corrected Items                  |   |                   |
|  |   |                   |
| Record Type                                  | Tracking Info                                   | Record Detail     |
| Report Info                                  | Report  | 100746270         |
| Business Assoc Liability                     | Report  |                   |
| Persent Info                                 | Real Property                                   | PROPERTY          |
| Persent Info                                 | Real Property                                   | Frye, Joe & Katie |